

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on January 28, 2002.

### **I. DISPUTE**

Whether there should be additional reimbursement for Ambulatory Surgical Center for date of service October 16, 2001.

### **II. RATIONALE**

An incomplete EOB submitted by the requestor does not show an explanation code for partial payment. The respondent did not submit a response and did not provide the missing EOB information or denial reasons. Consequently the respondent's reasons for reducing payment are not known. Therefore this review is based solely on the Requestors information. Ambulatory Surgical Center care is not covered by the *Medical Fee Guideline* and shall be reimbursed at a fair and reasonable rate.

Rule 133.307(g)(3)(D) requires the requestor to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. The requestor billed \$3,080.19 for the Ambulatory Surgical Center care; the Respondent paid \$2,236.00 leaving a balance of \$844.19. The Requestor did not submit evidence to show their charges were fair and reasonable and did not prove the respondent's rate of reimbursement was not fair and reasonable.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Medical Review Division has determined that the requestor is not entitled to reimbursement for Ambulatory Surgical Center care.

The above Decision is here-by issued this 28<sup>th</sup> day of August 2003.

Marguerite Foster  
Medical Dispute Resolution Officer  
Medical Review Division

MF/mf